



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

February 1, 2010

TomWhittemore
Communicare, Inc #6 (Weiser)
40 West Franklin Road, Suite F
Meridian, Idaho 83642

RE: Communicare #6 (Weiser), Provider #13G027

Dear Mr. Whittemore:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Communicare #6 (Weiser), on January 21, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance

TomWhittemore, Administrator
February 1, 2010
Page 2 of 2

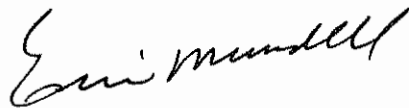
within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February 16, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

A handwritten signature in cursive script, appearing to read "Eric Mundell".

ERIC MUNDELL
Health Facility Surveyor
Fire Life Safety & Construction Program

EM/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 01/29/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2010
NAME OF PROVIDER OR SUPPLIER COMMUNICARE INC., #6 (WEISER)		STREET ADDRESS, CITY, STATE, ZIP CODE 80 E. PARK STREET WEISER, ID 83672		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>The facility consists of two single story residential buildings, Type V(000) construction and both are fully sprinklered by a modified 13-D sprinkler system. Emergency lighting is provided by a battery pack system. It has a complete fire alarm/smoke detection system. The buildings were built/completed in 1984 and currently licensed for 15 ICF/MR beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on January 21, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j).</p> <p>The Survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	K 000	<p>RECEIVED</p> <p>FEB 16 2010</p> <p>FACILITY STANDARDS</p>	
K0051	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the</p>	K0051	<p>K0051</p> <p>We have spoken with Crane Alarm and enlisted them to help obtain operation manuals for the alarm system. They will conduct the annual system inspection this month and will attempt to locate the appropriate manual.</p> <p>Once the manual is in place the AQ will check to see the manual is available as a part of the monthly Preventative Maintenance Check List. If the manual is missing it will be noted on the Check List and the Administrator will obtain a replacement.</p>	3/31/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 01/29/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2010
NAME OF PROVIDER OR SUPPLIER COMMUNICARE INC., #6 (WEISER)			STREET ADDRESS, CITY, STATE, ZIP CODE 80 E. PARK STREET WEISER, ID 83672		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0051	<p>Continued From page 1 authority having jurisdiction.</p> <p>This Standard is not met as evidenced by: Refer to K152</p> <p>7-5.1* Permanent Records. After successful completion of acceptance tests approved by the authority having jurisdiction, a set of reproducible as-built installation drawings, operation and maintenance manuals, and a written sequence of operation shall be provided to the building owner or the owner's designated representative. The owner shall be responsible for maintaining these records for the life of the system for examination by any authority having jurisdiction. Paper or electronic media shall be permitted.</p> <p>9.6.1.3* The provisions of Section 9.6 cover the basic functions of a complete fire alarm system, including fire detection, alarm, and communications. These systems are primarily intended to provide the indication and warning of abnormal conditions, the summoning of appropriate aid, and the control of occupancy facilities to enhance protection of life.</p> <p>A.9.6.1.3 Some of the provisions of Section 9.6 originated with NFPA 72, National Fire Alarm Code ®. For purposes of this Code, some provisions of Section 9.6 are more stringent than those of NFPA 72, which should be consulted for additional details.</p> <p>9.6.2.9</p>	K0051			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 01/29/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2010
NAME OF PROVIDER OR SUPPLIER COMMUNICARE INC., #6 (WEISER)			STREET ADDRESS, CITY, STATE, ZIP CODE 80 E. PARK STREET WEISER, ID 83672		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0051	Continued From page 2 Where a partial smoke detection system is required by another section of this Code, automatic detection of smoke in accordance with NFPA 72, National Fire Alarm Code, shall be provided in all common areas and work spaces, such as corridors, lobbies, storage rooms, equipment rooms, and other tenantless spaces in those environments suitable for proper smoke detector operation. Selective smoke detection unique to other sections of this Code shall be provided as required by those sections.	K0051			
K0152	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. (2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action; and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.	K0152	K0152 This situation is unique in our experience we have never been in a situation in which the alarms would not reset, were silenced and the problem not promptly reported to management so the necessary actions could be taken to reactivate the system. To clarify staff responsibility we are developing an instruction sheet for staff to follow and will in-service all staff to the provisions of the policy.	3/31/10	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 01/29/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2010
NAME OF PROVIDER OR SUPPLIER COMMUNICARE INC., #6 (WEISER)			STREET ADDRESS, CITY, STATE, ZIP CODE 80 E. PARK STREET WEISER, ID 83672		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0152	<p>Continued From page 3</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>This Standard is not met as evidenced by: Based on observation and staff interview, it was determined that the facility had failed to ensure that the fire alarm control panel was reset after testing with the potential to affect eight (8) of eight (8) residents. The findings include:</p> <p>Observation on January 19, 2010 at 11:35 a.m. disclosed that the fire control panel had not been reset and according to staff who stated at the time of the observation, they weren't aware that the panel was in trouble mode. The fire control panel was found to have a blinking "trouble" yellow light and a red zone light indicating a detector was sending alarm. There were no fire alarm control panel procedures posted or noted to be available to staff to provide information about questions staff may have that would give the proper procedure for resetting the unit or concerning system procedures for operation. The panel was subsequently corrected on-site during the survey as a sleeping room detector was cleaned by maintenance.</p> <p>Refer also to K051 pertaining to a written sequence of operation shall be provided to the building owner or the owner's designated representative.</p> <p>The requirement for all personnel on all shifts to be familiar with use of facility emergency procedures is under 42 CFR 483.470 (i).</p>	K0152	<p>A copy of the draft policy is enclosed for your review. Please notify us if you feel it needs modification.</p> <p>The instructions will be attached to or posted next to the Alarm Control Panel and the AQ will verify its presence when completing the monthly Preventative Maintenance Check List.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 01/29/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 01/21/2010
NAME OF PROVIDER OR SUPPLIER COMMUNICARE INC., #6 (WEISER)			STREET ADDRESS, CITY, STATE, ZIP CODE 80 E. PARK STREET WEISER, ID 83672		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K0152	Continued From page 4	K0152			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2010
NAME OF PROVIDER OR SUPPLIER COMMUNICARE INC., #6 (WEISER)		STREET ADDRESS, CITY, STATE, ZIP CODE 80 E. PARK STREET WEISER, ID 83672		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	<p>16.03.11 Initial Comments</p> <p>The facility consists of two single story residential buildings, Type V(000) construction and both are fully sprinklered by a modified 13-D sprinkler system. Emergency lighting is provided by a battery pack system. It has a complete fire alarm/smoke detection system. The buildings were built/completed in 1984 and currently licensed for 15 ICF/MR beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on January 21, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability and IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF-MR).</p> <p>The Survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	M 000	<p>RECEIVED</p> <p>FEB 16 2010</p> <p>FACILITY STANDARDS</p>	
MM309	<p>16.03.11.110 Fire and Life Safety Standards</p> <p>Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by:</p> <p>Refer to CMS federal form 2567 and K tags K051 and K152.</p>	MM309		<p>MM309</p> <p>Please refer to K051 & k152</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Eric Mundell

Administrator

2-11-10